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TO: U.S. Patent and Trademark Office
Examiner: Lien M. Ngo Group: 3727
Fax #703-872-9306

FROM: James E. Cole, Reg. No. 50,530

DATE: April 7, 2005

PAGES: 22in total (including cover sheet)

RE: U.S. Patent Application No. 10/608,279
Attorney Docket No.:CG-851D

Remarks: This facsimile is a response to a final office action having a mailing date of December 3, 2004.

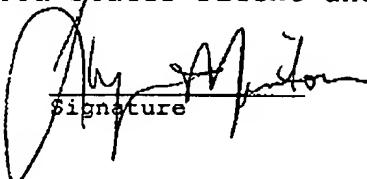
Enclosed is:

- (1) Transmittal Form;
- (2) Amendment B;
- (3) Fee Transmittal Form;
- (4) Extension of Time Form;
- (5) Credit Card Payment Form.

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR § 1.8

I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office on the date shown below.

Lynn Minton, Paralegal
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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **790.00**

Complete If Known

Application Number	10/608,279
Filing Date	06/27/2003
First Named Inventor	FRANCOIS
Examiner Name	NGO
Art Unit	3727
Attorney Docket No.	CG-851D

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) Fee (\$)
 Fee (\$)

Each independent claim over 3 (including Reissues) Fee (\$)
 Fee (\$)

Multiple dependent claims Fee (\$)
 Fee (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
- 20 or HP =	x	=		HP = highest number of total claims paid for, if greater than 20.		

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = / 50 = (round up to a whole number) x =

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)